

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Linthicum for Congress

ADDRESS (number and street)

40770 Highway 62

Check if different
than previously
reported. (ACC)

Chiloquin

OR

97624

2. FEC IDENTIFICATION NUMBER ▼

C

C00551457

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

OR

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Emard

Signature of Treasurer

Lisa Emard

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

Linthicum for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5422.50	5422.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5422.50	5422.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3096.21	3096.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3096.21	3096.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8826.29	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

Linthicum for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

2650.00

2650.00

(ii) Unitemized.....

2772.50

2772.50

(iii) TOTAL of contributions from individuals ▶

5422.50

5422.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

5422.50

5422.50

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

6500.00

6500.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

11922.50

11922.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3096.21	3096.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3096.21	3096.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11922.50
25. SUBTOTAL (add Line 23 and Line 24).....	11922.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3096.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8826.29

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)

Diane Clary

Mailing Address 6916 Adams Rd.

City
Talent

State
OR

Zip Code
97540

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
11 07 2013

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Diane Clary

Mailing Address 6916 Adams Rd.

City
Talent

State
OR

Zip Code
97540

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
12 28 2013

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Sandra deVries

Mailing Address P.O. Box 35

City
Beatty

State
OR

Zip Code
97621-0035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Rancher

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
12 14 2013

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Ken Fawcett Full Name (Last, First, Middle Initial) Mailing Address 55 Scenic Dr. City Ashland State OR Zip Code 97520 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2013 Transaction ID : SA11AI.4173 Amount of Each Receipt this Period 500.00
B. Terry Linthicum Full Name (Last, First, Middle Initial) Mailing Address 23365 Deming Ranch City Santa Ysabel State CA Zip Code 92070 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013 Transaction ID : SA11AI.4219 Amount of Each Receipt this Period 500.00
C. Loren Little Full Name (Last, First, Middle Initial) Mailing Address 28888 Hwy. 97N City Chiloquin State OR Zip Code 97624 FEC ID number of contributing federal political committee. C Name of Employer Loren Little Builder Occupation Residential Contractor Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2013 Transaction ID : SA11AI.4171 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).....			1250.00
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

A. Full Name (Last, First, Middle Initial) S. L. Rajnus		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>31</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		31		2013
M M	/	D D	/	Y Y Y Y									
10		31		2013									
Mailing Address 30485 Transformer Rd.		Transaction ID : SA11Al.4130											
City Malin	State OR	Zip Code 97632											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer N/A	Occupation Retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
B. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div></div>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div></div>												
C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div></div>											
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div></div>												
SUBTOTAL of Receipts This Page (optional).....		<div>500.00</div>											
TOTAL This Period (last page this line number only).....		<div>2650.00</div>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 10

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Linthicum for Congress

Full Name (Last, First, Middle Initial)
Friends of Dennis Linthicum

Mailing Address 4819 Villa Drive

City State Zip Code
 Klamath Falls OR 97603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y
 10 15 2013

Transaction ID : SA12.4104

Amount of Each Receipt this Period

6500.00

Transfer to open account

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

6500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. Monster Sign and Design

Mailing Address 4921 Industry Dr.

City	State	Zip Code
Central Point	OR	97502

Purpose of Disbursement
Bumper stickers and banner

006

Category/
Type

Candidate Name

Linthicum for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

Amount of Each Disbursement this Period

325.00

Transaction ID : SB17.4114

B. Vista Print

Mailing Address 95 Hayden Ave.

City	State	Zip Code
Lexington	MA	02421

Purpose of Disbursement
Car door magnet

004

Category/
Type

Candidate Name

Linthicum for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2013

Amount of Each Disbursement this Period

175.49

Transaction ID : SB17.4122

c. Wrangler Dani, Corp.

Mailing Address 21285 Highway 20, #143

City	State	Zip Code
Bend	OR	97701

Purpose of Disbursement
Media work

004

Category/
Type

Candidate Name

Linthicum for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: OR District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2013

Amount of Each Disbursement this Period

470.00

Transaction ID : SB17.4110

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

970.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Linthicum for Congress

Full Name (Last, First, Middle Initial)

A. wrinkledog, inc.

Mailing Address 404 Main St., Ste. 6

City	State	Zip Code
Klamath Falls	OR	97601

Purpose of Disbursement
Radio ads; printing

004

Category/
Type

Candidate Name

Linthicum for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: OR

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2013

Amount of Each Disbursement this Period

1651.63

Transaction ID : SB17.4123

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1651.63

2622.12